

STUDENT- CLI APPLICATION

Name _____ Nickname _____

Address _____

City/State/Zip _____ Phone _____

Representing Parish or School _____ City _____

Date of Birth _____ Male ____ Female ____ Grade as of Sept 2007 _____

E-Mail Address _____

Parent(s) or Guardian Names(s) _____

Student Signature _____

Parent/Guardian Signature _____

This Section to be Completed by Student
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Please describe some leadership experiences/responsibilities that you have had or expect to have in the near future.

Please share three positive qualities that you possess and use them to describe yourself. (No “humility” is allowed in this section.)

Please identify two (2) things that you would like to accomplish at the Christian Leadership Institute.

Please complete this form and return it to your pastor/youth minister. Once you are registered, you will receive a registration confirmation packet.

Identify liturgical ministry you are interested in:		
Lector _____	Music - (Vocal) _____	Liturgical Dance _____
Eucharist Minister _____	(Instrumental - Type) _____	